

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **105**

No. 300  
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2060

FILED FEB 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **14** PRIMARY REG. DIST. NO. **4029** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MINDEN MINES</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MINDEN MINES</b> <b>0060</b>	
c. LENGTH OF STAY (In this place) <b>9 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>FRANCIS</b>	c. (Last) <b>WINDERS</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>JANUARY, 21, 1954</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT-13-1875</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>9</b>	Hours <b>0</b>	Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (State or foreign country) <b>DANVILLE, ILLINOIS.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>? WINDERS</b>	13b. MOTHER'S MAIDEN NAME <b>LOVIE JOHNSON.</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. EMMA A. WINDERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	(If yes, give war or dates of service) <b>NONES</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. EMMA A. WINDERS, MINDEN MINES</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis &amp; Cerebral Edema</b>		<b>8 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive Heart Disease</b>		<b>5 yrs.</b>
DUE TO (c) <b>Senility &amp; Hypotensive State</b>		<b>7 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac Decompensation</b>		<b>3 yrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<b>4670</b>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 11, 1947**, to **Jan. 23, 1954**, that I last saw the deceased alive on **Jan. 23, 1954**, and that death occurred at **1:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. H. Kneeland, D.O.</b>	23b. ADDRESS <b>Liberal, Mo.</b>	23c. DATE SIGNED <b>1-25-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BLACK JACK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>near NASHVILLE, MISSOURI.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 25, 1954</b>	REGISTRAR'S SIGNATURE <b>Charlatte McDowell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ELLSWORTH UNERTAKING CO., PITTSBURG, KAN</b>	ADDRESS
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Robert A. Yancey*  
*Robert A. Yancey*

Licensed Embalmer No. 3452.....

P. O. Address PITTSBURG, KANSAS......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.